



CITY OF VISTA

Temporary Use Permit Application (Revised 10-31-14)

Name of Organization: _____
 Name of Contact Person: _____
 Address: _____ Telephone: _____
 E-mail: _____ Fax: _____

I/We the undersigned request that a Temporary Permit be granted between the hours of _____
 to _____ from (date) _____, to an including (date) _____, on property addressed as:

Assessor's Parcel Number (APN): _____

Please describe the activity in detail and attach Plot Plan: _____

Is alcohol being served?

____ Yes (please contact California Department of Alcoholic Beverage Control at the San Marcos District Office (760) 471-4237 for additional information on alcohol related permit requirements).

____ No

Any private road closures? ____ Yes ____ No

How many persons (approximately) are expected to attend this event? _____

In accepting this Permit, I/We understand that permits can only be approved for no more than ten days. I also understand and agree to the conditions listed (must be initialed by applicants), and such other conditions as may be levied by the Zoning Administrator as a condition(s) of granting this Permit.

Signature of Applicant: _____ Date: _____
 Signature of Property Owner: _____ Date: _____

Conditions

1. By accepting such a permit, the permittee(s) agrees to defend, indemnify and hold harmless the City of Vista, its officers, employees and agents for any and all liability arising out of the actions permitted by said Temporary Use Permit, and the permittee(s) agrees to pay on behalf of the City of Vista all claims, damages, judgments, legal and court cost, adjusted fees, and attorney fees related hereto.

Initial

2. The permittee(s) agree to provide to the City of Vista, a Certificate of Liability Insurance naming the City of Vista as additional insured, and which includes coverage for the effective date(s) of said Temporary Use Permit, and with a minimum limit of liability of \$1,000,000 (one million dollars).

Initial

3. Payment of fees in accordance with current Fee Schedule.

Additional conditions (if necessary):

Sheriff's approval is required prior to permit issuance.

Sheriff's approval: _____ Date: _____

Fire Department approval is required prior to permit issuance.

Fire Department approval: _____ Date: _____



CITY OF VISTA

APPLICATION DISCLOSURE FORM (Revised June 19, 2012)

Campaign contributions totaling more than \$250 to any Planning Commissioner must be disclosed for any application that could be potentially reviewed by the Planning Commission. As of July 1, 2012, the Planning Commissioners are:

Bill Martin, Chairman
Michael Carroll
Debra Cramer
Tom Fleming
Steve Harrington
Stephanie Jackel
Rick Rosaler

I and/or my agent(s) and/or majority investor(s) have **not** made any campaign contributions a described in Government Code §84308 totaling more than \$250 to any of the above listed Planning Commissioners.

Applicant's Name: _____

Signature: _____

Campaign contributions totaling more than \$250 requires the completion of the reverse side of this form.

Mailing List Requirements

All applications shall be accompanied by a Mailing List, unless otherwise specified, of all property owners (and occupants when it is not an owner-occupied property) within 500 feet of the exterior boundary of the project site (property).

The Mailing List shall be compiled by a Title Company. Three copies shall be printed on Avery Laser 5960 white mailing labels, 1" x 2 ⁵/₈", 30 labels per sheet (Avery 5160 software layout).

The three copies of mailing labels shall be accompanied by an Assessor's Map indicating the subject property and all properties within 500 feet.

Development Services
Additional Insured Endorsement Matrix

Type of Permit	Insurance Certificate Requirements	Preferred Endorsement Form	Alternative Acceptable Endorsement Form
Temporary Use Permit	Ongoing Operations	<ul style="list-style-type: none"> • CG 20 10 11 85 	<ul style="list-style-type: none"> • CG 20 10 XX XX • CG 20 12 XX XX • Other form upon approval of Risk Management
Right-Of-Way Permit (construction)	Ongoing & Completed Operations	<ul style="list-style-type: none"> • CG 20 10 11 85 	<ul style="list-style-type: none"> • CG 20 10 XX XX and CG 20 37 XX XX (must have both) • Other form upon approval of Risk Management
Wide Load Permit	Ongoing Operations	<ul style="list-style-type: none"> • CG 20 10 11 85 	<ul style="list-style-type: none"> • CG 20 10 XX XX • CG 20 12 XX XX • Other form upon approval of Risk Management
Holiday Use Permit	Ongoing Operations	<ul style="list-style-type: none"> • CG 20 10 11 85 	<ul style="list-style-type: none"> • CG 20 10 XX XX • CG 20 12 XX XX • Other form upon approval of Risk Management



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/13

EXAMPLE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ISU Massie & Beck Ins. Serv. License #0B29340 P.O. Box 1272 Lafayette, CA 94549-1272 Massie & Beck Ins. Brkrs Inc.	925-283-5750	CONTACT NAME: Leslie Adams	FAX (A/C, No): 925-283-5751
	925-283-5751	PHONE (A/C, No, Ext): 925-283-5750	E-MAIL ADDRESS: leslie@isumassie.com
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Travelers Property Casualty	NAIC # 25674
		INSURER B : Admiral Insurance Co.	24856
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED
 Company Name
 Address
 City State Zip

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY	X	X	Policy Number	07/01/13	07/01/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Prof & Poll-Claim						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY	X	X	Policy Number	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			Policy Number	07/01/13	07/01/14	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						Prof/Poll \$ Included
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	Policy Number	07/01/13	07/01/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liab			Policy Number	07/01/13	07/01/14	Per Claim 1,000,000
B	Pollution Liab			Policy Number	07/01/13	07/01/14	Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

City of Vista
 200 Civic Center Drive
 Vista CA, 92084-6275

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David W Massie

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[EXAMPLE]

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 11 85

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

City of Vista
200 Civic Center Drive
Vista CA, 92084-6275

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.